


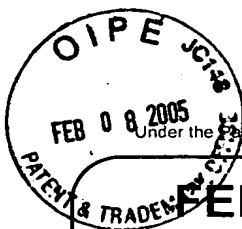


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) FA1013 US DIV																				
In re Application of: Carmen Flosbach																						
Application Number: 10/791,996		Filed: March 3, 2004																				
For: Coating Agents and a Process for the Preparation of Multi-Layer Coatings																						
Group Art Unit 1762	Examiner Elena Tsoy																					
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 450.00</td></tr><tr><td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1020.00</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1590.00</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2080.00</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-1928</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>50,157</u></p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <table><tr><td>February 3, 2005</td><td></td></tr><tr><td>Date</td><td>Signature</td></tr><tr><td></td><td>Thomas R. Mancini, Esquire</td></tr><tr><td></td><td>Reg. No. 50,157</td></tr><tr><td></td><td>Typed or printed name</td></tr></table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of 1 forms are submitted.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2080.00	February 3, 2005		Date	Signature		Thomas R. Mancini, Esquire		Reg. No. 50,157		Typed or printed name
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Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

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FREE TRANSMITTAL for FY 2005 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	10/791,996
		Filing Date	March 3, 2004
		First Named Inventor	Carmen Flosbach
		Examiner Name	Elena Tsoy
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Group / Art Unit	1762
TOTAL AMOUNT OF PAYMENT (\$) 1020.00		Attorney Docket No.	FA1013 US DIV

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1928 Deposit Account Name: E.I. du Pont de Nemours and Company The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account		FEE CALCULATION (continued)																																																																																																																																																																																																																																															
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Thomas R. Mancini	Registration No. Attorney/Agent	50,157	Telephone	(302) 984-6127
Signature				Date	February 3, 2005

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